



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
CMI INTOXILYZER 5000 MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

JUN -9 2009

MISSOURI STATE HEALTH DEPARTMENT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN <u>66005154</u>	DATE OF INSPECTION <u>06-05-2009</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>PANDUZZE P.D. 8880 CLARK HW. PANDUZZE, MO 64152</u>	TIME OF INSPECTION <u>2134 HOURS</u>

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in values where determined.) Unchecked items must be corrected before using instrument.

☒ DVM TEST: (.350 ± .150) .339

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) PASSED

☒ CHARACTER DISPLAY TEST PASSED

☒ PRINT TEST (PRINTOUT ATTACHED) PASSED

☒ TIME AND DATE 21HR 49 MIN 06/05/2009

☒ CALIBRATION CHECK —

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CF MODE) (PRINTOUT ATTACHED)

☒ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <input checked="" type="checkbox"/> <u>.100</u>	TEST 2 <input checked="" type="checkbox"/> <u>.101</u>	TEST 3 <input checked="" type="checkbox"/> <u>.102</u>
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☒ SIMULATOR TEMPERATURE (34° ± .2°C) 34°C

☒ PERFORM RFI TEST (PRINTOUT ATTACHED) PASSED

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	1	0-04	<u>0</u>	05-09	<u>0</u>	10-14	<u>0</u>	15-19	<u>0</u>	Over 19	<u>0</u>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSTRUMENT MEETS ALL DOH SPECS TESTS WERE CONDUCTED  
W/ A CERTIFIED .10% SOLUTION. MANUFACTURED BY GUTH  
LABORATORIES LOT # 68400 EXP 12/08/2009 AT 1159 P.M.

INSPECTING OFFICER	
SIGNATURE <u>Ellie Olson</u>	PRINT NAME <u>ELLIE OLSON</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>720241 12-11-2009</u>	TELEPHONE NUMBER <u>816-741-4484</u>



**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08400** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1204** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **December 8, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at  $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$ , this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

SN 66-005154  
E735.23  
INVALID TEST  
INITIATED - RFI

06/05/2009  
21:01

BOOKING  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005154  
06/05/2009

TEST	%BAC	TIME
AIR BLANK	.000	21:57
CAL. CHECK	.100	21:57
AIR BLANK	.000	21:58
CAL. CHECK	.101	21:58
AIR BLANK	.000	21:59
CAL. CHECK	.102	21:59
AIR BLANK	.000	21:59

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD

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SN 66-005154  
E735.23

06/05/2009  
21:43

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789

BOOKING  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-005154  
06/05/2009

DIAGNOSTIC TEST 21:46

PRGM CHECK E735.23	PASSED
RAM CHECK	PASSED
TEMP CHECK	PASSED
PROCESSOR CHECK	
SYNC PULSE	PASSED
SYNC SPEED	PASSED
NEG STABILITY	PASSED
POS STABILITY	PASSED
REF RANGE	PASSED

DIAGNOSTIC PASSED

PRINTER CHECK  
ABCDEFGHIJKLMNOPQRSTUVWXYZ  
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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